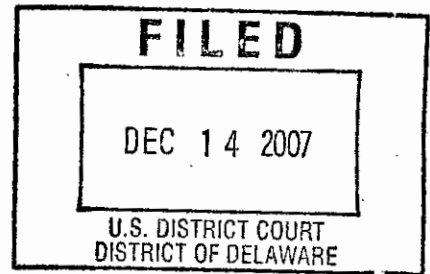



United States District Court
For the District of Delaware



Acknowledgement of Service Form 55
For Service By Return Receipt scanned

Civil Action No. 07-624-JJF

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature </p> <p>B. Received by (Printed Name) <u>JAMES A. MORRISON</u></p> <p>C. Date of Delivery <u>12/14/07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <u>SMYRNA, DE</u></p> <p>E. <u>RAY</u></p>
1. Article Addressed to: WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7007 0710 0003 9056 0872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540